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10,000 Voices: Service users experiences of adult safeguarding

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Title: ‘10,000 Voices: Service users’ experiences of adult safeguarding’**Abstract:**

Purpose - This paper describes a small scale pilot study undertaken in Northern Ireland to gather service user feedback from individuals who have been subject to adult safeguarding procedures.

Design - The aims, methods and findings of the ‘Adult Safeguarding: 10,000 Voices’ pilot project are presented.

Findings - The pilot project highlighted how an initiative which captures the experiences of patients, service users, carers and staff in the health and social care sector (10,000 Voices) could be successfully adapted for use in adult safeguarding, facilitating the collation of complex experiences and enabling insights to be gleaned and shared.

Limitations - The pilot study is limited by the small number of participants. The findings are preliminary.

Practical implications - For the first time in Northern Ireland the 10,000 Voices model was utilised in the context of a non-health related service, namely adult safeguarding.

Social implications - This outline of the model and methodology for obtaining service user feedback can inform user involvement in other contexts.

Originality - This paper provides an accessible overview of an innovative approach to engaging service users in adult safeguarding, such approaches to date have been limited.

Keywords - adult safeguarding; Northern Ireland; service-user feedback

Introduction

Service user involvement in the planning and evaluation of services has been established as a core principle in adult social care, and is gaining momentum in adult safeguarding. Increased service user involvement has been evaluated as promoting better care, and contributing to higher levels of user satisfaction (Claire Lloyd et al., 2013). It has become embedded within a range of health and social care policies and legislation. This article reports on a pilot project undertaken in Northern Ireland which gathered service-user feedback from individuals who had been subject to adult safeguarding procedures.

Across the adult social care sector, there has been a move away from a somewhat paternalistic approach in the provision of care, to a stronger personalisation agenda, promoting person-centred, rights-based, and empowering practices. The status afforded to users of services as ‘experts by experience’ has empowered individuals to gain some control of their care as well as offering opportunities to contribute to service development (Social Care Institute for Excellence (SCIE), 2011). Co-production initiatives are gaining momentum. Partnerships with service users are utilised to create changes in the way health and social care systems are designed, planned, commissioned and delivered.

Many benefits of service user participation have been identified across cultures and settings (World Health Organization, 2010). Service users are seen to offer a unique perspective on the “reality” of services which can be contrasted with the “ideal” view of many administrators (Ardila-Gómez, 2014). However, despite stated advantages, the literature offers limited research-led evidence of good practice (Braye et al., 2011, 2012). Moreover, Beresford (2005), challenges the relatively uncritical promotion of service user involvement, highlighting the complexity and ambiguity of approaches.

More specifically, whilst adult safeguarding policy requires an agency commitment to user involvement, there has been limited evidence of such involvement (SCIE, 2011), and no reliable evidence that service users valued the outcomes of adult safeguarding processes (Klee, 2009). Recommendations for good practice have been made, including encouraging practitioners to record service users’ views accurately during safeguarding processes and finding out what ‘feeling safe’ meant (Wallcraft, 2012). The need to investigate the impact of adult protection governance arrangements on service user experiences (Cornish and

Preston-Shoot, 2013), and the value of debriefing and service reviews in exploring personal safeguarding experiences, have also been identified (Braye et al., 2012).

The recent Making Safeguarding Personal (MSP) approach, which has provided the framework for adult safeguarding practice in England (Cooper et al., 2015), has been underpinned by a developing evidence-base around person-centred and outcome-focused practice (Manthorpe et al., 2012). In this approach, the complexity of adult safeguarding processes to deliver outcomes which are valued by service users has been identified. Service users and professionals may hold differing perspectives of what constitutes a positive outcome (Hopkinson et al., 2015; Redley et al 2015). Moreover, changing power dynamics have been identified with social workers adopting advocacy roles for adults at risk (Hopkinson, et al., 2015).

Likewise, in Northern Ireland adult safeguarding has moved towards a more person-centred approach, with a drive to involve service users in shaping services. This approach is integral to the principles outlined in the framework for reform in health and social care (DoH, 2016). This current paper will introduce and critique a recently piloted initiative in Northern Ireland, seeking to gather service user feedback in adult safeguarding. The paper will begin with a brief overview of adult safeguarding in Northern Ireland, before introducing the ‘Adult Safeguarding: 10,000 Voices’ initiative and outlining how this survey tool was developed. The methods and findings of this pilot study will then be presented. As two of the co-authors of this paper (DH and CA) are senior health and social care sector managers involved in the pilot project, an ‘insider’ perspective is provided. The paper will finish with a broader discussion of user feedback in the context of adult safeguarding in Northern Ireland.

Adult safeguarding: Northern Ireland

Adult safeguarding in Northern Ireland is delivered through a framework of generic legislation, policy and procedures, utilised by professionals within the health, social care and criminal justice sectors. In 2006, building on the English ‘No Secrets’ guidance, the Health and Social Care (HSC) Board issued *Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance* (HSC Board, 2006), which provided procedural guidelines and set minimum requirements for statutory sector organisations in identifying and responding to abuse. In the decade following this initial policy there have been considerable changes to the ways in which harm and abuse have been conceptualised. The recently revised

policy '*Adult Safeguarding in Northern Ireland: Prevention and Protection in Partnership*' (DHSSPS, 2015), places a stronger emphasis on a preventative agenda, providing a key role for community, voluntary and faith sector organisations. Safeguarding is envisaged in its widest sense, that is, as encompassing both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention. A rights-based, empowering and person-centred approach is promoted, encouraging consent-driven practice and partnership with the wider public. This regional framework, is delivered within a fully integrated health and social care sector, structured within five geographically distinct Health and Social Care (HSC) Trusts. The model of delivery is based on a degree of specialism: Adult Safeguarding Gateway teams manage referrals which are deemed to be high risk, with generic 'locality' teams responding, at least in the first instance, to lower risk referrals.

The Northern Ireland Adult Safeguarding Partnership (NIASP) is a multi-agency, multi-disciplinary partnership, with functions similar to the English Safeguarding Adults Board (Braye et al., 2012). It is responsible for promoting and supporting a co-ordinated and multi-agency approach to adult safeguarding and for creating a culture of continuous improvement in service responses. A key strategic aim of the NIASP is to promote service user involvement and, more specifically, to gather qualitative measures of users' experiences of adult safeguarding. A baseline service user engagement audit undertaken by NIASP (NIASP, 2014-15), along with a thematic review of service user involvement (NIASP, 2015), identified the need to gather qualitative feedback on service user experiences. In response, the 'Adult Safeguarding: 10,000 Voices' pilot project was initiated, seeking to build on the '10,000 Voices' approaches currently used within the health sector.

The '10,000 Voices' model and methodology

The generic 10,000 Voices initiative, commissioned and funded in 2013 by the Health and Social Care Board (HSCB) and Public Health Agency (PHA), sought to introduce a more patient focused approach to shaping the way services are delivered in Northern Ireland. This initiative was seen as a vehicle to introduce 'Experience Led Commissioning' (ELC) to Northern Ireland. ELC builds on the approaches identified by the Point of Care Foundation in their work on Experience Based Design (Point of Care Foundation, 2013). The EBD approach enables patients and staff to share the role of improving care and re-designing services and seeks to capture the experiences of those people involved in health and social

care services, including patients, service users, carers and staff. It has been recognised as a powerful tool to support commissioning decisions. EBD is underpinned by core principles of promoting partnership between patients, staff and carers; emphasising experience rather than attitude or opinion; privileging narrative and story-telling approaches, emphasising co-design of services and providing systematic evaluation of improvement and benefits.

The principles of EBD underpinned the development of the '10,000 Voices' initiative. Central to the approach has been the facilitation of workshops, at which patients and staff work in partnership to co-design the survey tools and to analyse and interpret the information, highlighting areas of good practice as well as areas for improvement. This approach has empowered staff to own and drive local action plans for quality improvement, based on real time patient experience information. The key steps in progressing this approach have been blended into a model, which is facilitated through Sensemaker®, a methodology which provides an innovative way of capturing patient experiences, combining both qualitative and quantitative methods. SenseMaker is a pattern-detection software which analyses individual narratives to make sense of multiple realities, and to identify patterns and themes in these narratives (Deprez et al., 2012). Capturing “narrative fragments” explores complexity and avoids the reductionist approach of traditional question and answer surveys (Milne, 2015). Through probing questions, respondents are asked to tell a specific story. These stories are then self-signified against a set of pre-defined topics, known as signifier questions. Linking individual narratives with signifier questions, the participant identifies the significance behind their story. The data can be easily accessed by professionals and decision-makers involved, thus limiting the need for intermediaries to analyse the data (Deprez et al., 2012).

Pilot project: adapting the 10,000 Voices initiative for adult safeguarding.

The project sought to capture the experience of service users and their families using the 10,000 Voices survey tool and the SenseMaker methodology. The goal of the pilot project was to identify how the adult safeguarding process can be improved to ensure the service users experience is rights based, empowering, consent driven and person-centred. It was anticipated that project outcomes would include: an improvement in the understanding of service user experiences of the Adult Safeguarding process; an increase in the profile of service user experience as a key element of service commissioning and improvement, and an increase in professionals' awareness of changes required in services in response to user experience information. Achieving these outcomes was dependent, in large part, on

incorporating the findings of the project into local and regional service model improvement plans.

As a regional project a working group was established comprising nominated representatives from each HSC Trust. This group became the implementation test site for the pilot and provided project direction. Adapting the 10,000 Voices model required the development of a framework within which adult safeguarding experiences could be evaluated. In consultation with Professor Manthorpe, Kings College London, Social Care Workforce Research Unit, six cognitively tested questions, previously developed to define adult safeguarding outcome measures in England, were agreed (Manthorpe, 2014). For five of the core ‘signifier questions’, three measurement responses were co-designed with the key stakeholders, based on the issues that were pertinent to service users. These were presented in triad format. Due to the range of variables around the sixth question ‘feeling safe’, four measurement responses were utilised, presented in linear form. As the core questions had been developed outside Northern Ireland, responses for the pilot phase of the project were developed in collaboration with local stakeholders in order to reflect local culture. Two regional workshops were held with key stakeholders including the Police Service of Northern Ireland (PSNI); HSC Trusts; advocacy groups; care providers; carers and service users, to identify the important measurement factors for service users and carers, which related to each question. From this, signifier responses were identified (see Table 1) [Table 1 about here](#)

Piloting the survey tool

The pilot project sought to: test the methodology to ensure that it was easy to understand and accessible for service users; test the signifier questions; test the process of collecting feedback in the form of service user accounts of their safeguarding experiences; demonstrate that positive change in practice and in commissioning could result from gathering experiences, particularly to those who provided it. As this project represented an evaluation of services, formal ethical approval was not required. Governance requirements within each HSC Trust were ensured. Given the sensitive nature of adult safeguarding and the potential vulnerability of respondents, particular attention was given to issues of consent. Thus, prior to completion of the feedback tool, potential respondents were offered an easy read information sheet on the project, or, if necessary, a pictorial version of the information sheet, before written, or if necessary, verbal, consent was obtained.

The collection of experiences was retrospective. Inclusion criteria for the pilot was as follows: the case was to be opened to adult safeguarding on or after the 1st January 2015; the initial strategy discussion stage of the safeguarding process must be reached; all referrals that had proceeded to the criminal investigation stage under the Protocol for Joint Investigation of Adult Safeguarding Cases (NIASP 2016) between the PSNI and Social Services were particularly welcomed; and the case must be closed to adult safeguarding processes.

For the pilot phase, case workers identified potential service users or carers, and gained consent. The project key worker conducted the research, completing the survey in a face-to-face interview with the respondent. Respondents were asked to describe their experience of the safeguarding process, by “telling their story” either in person or in writing. Experiences were provided anonymously, and respondents were asked not to name staff involved in their investigation and care. Participants were then guided to respond to the six questions and, for five questions, graded their experience by placing an indicator, a “dot”, nearest to the statement that reflected their experience. If all three indicators applied equally to their experience, they would place their “dot” in the centre of the triangle.

Pilot Sample and Analysis

The pilot project ran from May 2016 to July 2016, across all HSC Trusts. In total, 36 surveys were completed with respondents from each Trust area. Of the 36 completed surveys, 25 respondents identified themselves as service users and 11 stated that they were completing the survey on behalf of a service user, 3 of the 11 self-identified as a carer. 12 respondents were males and 24 female. The age of respondents ranged from the category 19-29 years to the 80 years and over category, the majority of respondents, (n=11), were in the age range 50-59. 27 respondents considered themselves to have a disability, with the majority of disabilities described as either physical or sensory. In this small scale pilot, both qualitative and quantitative data were manually analysed by members of the regional working group. Key themes were identified. Careful consideration was given to individual responses which lay outside the key themes. These were considered significant sources of learning.

An example of a completed signifier is presented below. The number in the ‘dot’ refers to the number of respondents who marked their experiences in relation to each signifier. Within the speech bubbles, extracts of experiences used in conjunction with the measurement are provided.

Figure 1 about here

Pilot Findings

35 of the 36 respondents provided a narrative account of their safeguarding experiences. These accounts ranged from a brief reflection on their initial engagement with adult safeguarding services through to a longer and more detailed account of the complete process. In the following outline of the analysis, it should be noted that the percentages stated refer to the responses indicated at specific corners of the triangle only. They do not account for those distributed throughout the triangle or indexed to the other corners. Key themes are supported by selected service user quotations.

Analysis of quantitative data indicated that 56% of respondents felt listened to during meetings and conversations. Many positive examples of being listened to were offered:

‘I felt confident talking to the social worker, she listened to me and she helped me ... my social worker kept in touch by phone and home visits.’

A further 20% felt listened to but felt that their views didn’t affect safeguarding decisions. The respondents narratives which underpinned these ‘measurements’ provided very valuable insights into the perceptions of service users and carers. For example, one carer reported that whilst he received regular updates on progress and on outcomes, he did not feel listened to as he perceived that the investigation did not focus on the core issue.

42% of respondents indicated feeling supported by staff as the safeguarding investigation was carried out. However 11 % of respondents indicated that that they did not know what was happening during the safeguarding process and felt that the process dragged on:

‘We were never asked for our opinion and we never got any feedback.’

The feedback relating to sharing of information tended to be positive. 41% of respondents indicated that they felt supported to understand the information, and 33% indicated that the information was clear,

‘We discussed my options and a referral was made.’

Only 3% indicated strongly that participants didn’t understand the available information. In relation to the timing of information, only 33% of respondents felt they had the right information at the right time. However, many of these respondents identified the safeguarding process as traumatic, and suggested that the stress of involvement in the investigation process impacted their ability to fully understand the information provided.

The majority of respondents indicated satisfaction with the outcome of the investigation. In particular, 74% indicated that Social Workers and police officers enabled them to understand the investigation process. 53% of respondents agreed that people worked together to make things better:

‘I met with the police and the social worker. I can’t remember all they said. We had a further meeting and it was explained to me about the investigation and actions that were being taken.’

Some respondents however indicated that more could be done. For example, one respondent indicated dissatisfaction as he believed that the outcome was inconclusive.

Finally, and perhaps most significantly, 67% of the survey felt ‘quite a bit’ or ‘completely’ safe at the end of the safeguarding process. In this context, respondents highlighted the significance of the quality of the professional relationship:

‘I found the investigations staff very helpful and supportive...I feel it is important that the safeguarding staff should have more powers to make changes as are deemed fit and appropriate.’

The analysis of the experiences of those adults who did not feel safe is important, as feeling safe is a key outcome measure of adult safeguarding. The qualitative information behind these self-ratings provides useful context: for example, of those respondents who did not feel safe at the end of the investigation, ongoing issues were identified in relation to criminal investigations and domestic abuse, or a concern that the correct issue had not been

investigated. For some individuals, feeling safe appeared to be dependent on the perpetrator receiving a custodial sentence.

Evaluation of the survey tool and methods

The working group piloted the use of the survey tool across the five HSC Trusts, meeting regularly to share learning and progress on its implementation. Project workers found the survey tool and accompanying guidance for use accessible and easy to use. The core signifiers appeared to be understandable. Respondents often gave comprehensive accounts of personal experiences. The gate-keeping process was also reviewed. Whilst project workers indicated that families were appreciative of being asked to contribute to the study, project workers also highlighted tensions where initially some case workers expressed anxiety in revisiting a safeguarding situation, expressing concern that it may re-traumatise a victim or carer, or that service users or carers may not be interested in participating. However, feedback from the project workers indicated that, to a large extent, families were appreciative of being asked to contribute to the study even where case workers believed they would be resistant. The anonymity of the survey reassured practitioners that the focus was on organisational themes and service improvement, rather than individual practice.

Finally, the pilot demonstrated that positive change in practice could result from administering the survey. Firstly, the working group analysed and interpreted the findings, highlighting areas of good practice as well as areas for improvement. Crucially, a feedback loop was established in which these strengths and suggested improvements were communicated to HSC Trusts and to the NIASP who could action the required changes. For example, in response to service user feedback about ‘communication’ processes, systems have been established to seek to ensure that: the purpose of an adult safeguarding process is communicated clearly to service users and carers; written information is provided about the investigation; there is clarification of what the service user or carer understands from the information provided; the desired service user and carer outcomes are understood, and the actual outcomes are communicated in a meaningful way.

Secondly, whilst primarily aimed at evaluation of a service, this post-intervention engagement was deemed to have a positive therapeutic element for service users and carers, in many cases providing opportunity for debrief and for closure.

Discussion

Development of the tool

For the first time in Northern Ireland the 10,000 Voices Regional initiative was utilised exclusively in the context of a non-health related service, namely adult safeguarding. The multi-agency approach to adult safeguarding enabled the project to engage various agencies and professionals including PSNI and Social Services in a single evaluation process. The tool also provided a rich blend of qualitative and quantitative information, demonstrating the importance of gaining insight into the reasons behind a service user's response.

The pilot phase of this project has highlighted important issues. Given the multi-disciplinary and multi-agency involvement in adult safeguarding, it was vital to have those agencies represented at the planning and evaluation stages, as members of steering groups. Likewise meaningful service user and carer involvement was also seen as pivotal to the project's success. Consultation with key stakeholders including service users and carers was important in formulating the signifiers for the tool to fit the local context and is a key element of implementing the 10,000 Voices approach. In part, this mitigates against the concern that traditionally 'patient satisfaction' surveys have been devised by service providers and their use as evaluation tools may be flawed. Professionals often present a view of what should be the correct or expected response (Hopkins and Niemiec, 2006), and processes are critiqued for failing to facilitate active involvement of service users in the feedback loop.

The SenseMaker tool is pivotal to the success of this survey method. In its strengths, SenseMaker provides a means of gaining access to multiple perspectives of, and new insights into, complex systems (Deprez et al., 2012; Milne, 2015). Data analysis is also reported to be a positive feature of the tool. 'Making sense' of the data can be done with the group of people who are part of the system, thereby assisting the facilitation of required changes (Deprez et al., 2012). The importance of the service user's narrative, providing insights into the quantitative measurements was seen as a key strength of the tool. 'Narrative language' is considered a fundamental facilitator of users' participation, and 'captures the particularities of experiences by including a temporal dimension and changing perspectives' (Ardila-Gómez, 2015: 76). Whilst Milne (2015) highlights that in some studies respondents have recorded opinions rather than their narratives, perhaps because of the emotive experiences associated with adult safeguarding, in this study, narrative accounts were consistently offered by respondents.

Conducting the survey

Whilst the evaluation process indicated that the survey tool and accompanying guidance for use were largely accessible and easy to use, case workers presented some barriers to accessing potential respondents. Similar barriers have been highlighted in the literature including concerns around risk, fears of causing harm and concerns that service user feedback might reflect negatively on staff or systems (SCIE, 2011; Wallcraft, 2012). In this current project, case-workers concerns appeared to be alleviated by the following; the positive attitudes of families to engaging in the survey, the anonymity of the findings, and the empowerment of case workers and other staff to own and drive local action plans for quality improvement based on real-time service user experience.

The longer term goal of the 10,000 Voices initiative is to routinely seek feedback from every service user engaged in an adult safeguarding investigation. The pilot provided strong evidence that service users and their families valued the existing relationships with their key worker, and it was considered important to build on this relationship in seeking feedback. The role of the Investigating Officer in facilitating the completion of the survey at the closure of each case, was debated. Whilst it was acknowledged that the presence of the person who conducted the investigation may influence the service user response, this was more positively viewed as a post-investigation opportunity, providing a therapeutic end to an investigatory process and an opportunity for reflective practice.

Implications for practice

The evaluation of the pilot phase identified both positive themes in current safeguarding practices and themes for service improvement. Many respondents described situations which were felt to be traumatic and confusing, although, in keeping with other studies (Hopkinson et al., 2015), respondents also highlighted the value of a trusting social work relationship which enabled safe choices to be made. Whilst the large majority of respondents felt safer at the end of the investigation, consideration was given to the experiences of the minority who did not feel safer. The need for professionals in Joint Protocol cases to support service users and carers to consider alternative parallel approaches to safeguarding that result in change and increased safety, was highlighted. This may include developing protective interventions that build on the service user's resilience and existing community strengths.

The pilot survey reinforced the importance of effective communication; with service user feedback incorporated into local and regional service model improvement plans. The nature of the work requires multiagency professionals to clearly and sensitively articulate the purpose of the adult safeguarding process and provide information to enable service users and carers to make informed choices and decisions at a point in time. The role played by stress and trauma in an individual's ability to process information was highlighted. The survey has demonstrated the importance of providing information in a selection of formats to allow the service user and carer time for reflection and future consideration.

The survey also highlighted the importance of professionals' understanding of the service user or carer's desired outcomes. Redley et al. (2015), in their review of MSP, identified differing views of what constitutes a 'good outcome' among Adult Safeguarding Leads (ASL) and between ASL and service users. Whilst Butler et al. (2016) and Timpson et al. (2015), found that early discussions around desired outcomes were valued by both service users and staff. Whilst, in this survey the large majority of respondents offered positive feedback in relation to outcomes, where it was offered, negative feedback focused on concern that the real issue had not been addressed and that the outcome was inconclusive. Respectful, non-judgemental approaches to such desired outcomes are critical in maintaining a positive and engaging working relationship. This was seen particularly in relation to the judicial outcomes. By understanding and focusing on the important factors for service users or carers, professionals can be more effective in their interpretation and communication of actual outcomes.

Finally, it is anticipated that when the project is fully implemented, the evaluation of the surveys will include a series of service user and carer consultation workshops which will inform the analysis and interpretation of the survey data. Areas of good practice, and any identified need for service improvement, will then be shared through the NIASP to partner organisations and a detailed action plan developed to progress the findings.

Limitations

Within the wider health and social care sector in Northern Ireland, the 10,000 Voices initiative has been operational since 2013, with feedback received from over 10,000 participants. An evaluation framework is currently being developed which will be embedded in the future design of this methodology. However, in comparison, this pilot study is limited

by small numbers of participants, and the findings are clearly preliminary. Many of the findings are broad in scope and would benefit from more detailed and specific exploration. Moreover, whilst this paper provided insights from the key staff involved, the potential for insider bias must be acknowledged, and it was not possible to gather the perspectives of the full range of staff, services users and carers involved in the project.

Conclusion

As the new regional safeguarding policy is being implemented in Northern Ireland (DHSSPS, 2015), opportunities have been sought for practitioners, managers and commissioners to listen to how service users and carers believed the service should be shaped. Edwards and Staniszewska (2000), suggest that if organisations genuinely seek to increase user participation, promoting, at least to some extent, a user-led agenda, it is important to utilise methodologies that give voice to users. The evaluation of this pilot project would suggest that the 10,000 Voices: Adult Safeguarding initiative succeeded in giving voice to service users, facilitating the collation of complex experiences and enabling insights to be gleaned and shared. It is hoped that as the initiative becomes embedded in routine practice, it will continue to inform and influence service delivery locally, thus shaping the future of adult safeguarding within Northern Ireland.

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